

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

Nebraska State Fair Board has completed the liquor license update required as the City of Lincoln has annexed this property. Enclosed is the required paperwork.

Mr. Cosner who has been approved by the Council will remain as the manager of the liquor license.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**APPLICANT INFORMATION**

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ Yes If yes, please explain below or attach a separate page.  
☐ No

*Barney Cosner, Fall, 1971; Shoplifting, Laramie, WY*

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

☐ Yes  
☒ No  
Current business name and license number \_\_\_\_\_

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

☐ Yes \_\_\_\_\_  
☒ No \_\_\_\_\_

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐ Yes  
☒ No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐ Yes

☒ No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐ Yes

☒ No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐ Yes

☒ No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐ Yes

☒ No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Pinnacle Bank  
1401 N St.  
Lincoln NE 68508

Authorized to sign: Joseph McDermott

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

License #CK-22180 - Nebraska State Fair Board  
dba Nebraska State Fair Park

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Chuck Matthies, Food & Beverage Manager -  
40-60 hours per week

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Nebraska State Fair Park - Food & Beverage Dept. - since 1994 -  
manager since 1998

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☐ Lease: expiration date \_\_\_\_\_  
☐ Deed  
☐ Purchase Agreement

Property is state owned, managed by Nebraska State Fair Board

15. When do you intend to open for business? Currently open

16. What will be the main nature of business? What are the anticipated hours of operation? Nebraska State Fair, Live Thoroughbred  
Horse Racing, Simulcast Horse Racing, and Facility  
Rental/Catering

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
<u>Barney Cosner / Patrice Cosner</u>	<u>2006</u>	<u>Present</u>	<u>Beward NE</u>
<u>Barney Cosner / Patrice Cosner</u>	<u>1998</u>	<u>2006</u>	<u>Douglas WY</u>

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance



of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

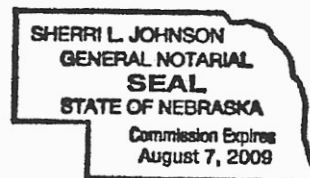
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

<u>Barney Cosner</u> (sign here)	<u>Patricia M Cosner</u> (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)

Subscribed in my presence and sworn to before me this

2<sup>nd</sup> day of September, 2007

Sherri L. Johnson  
Notary Public Signature & Seal

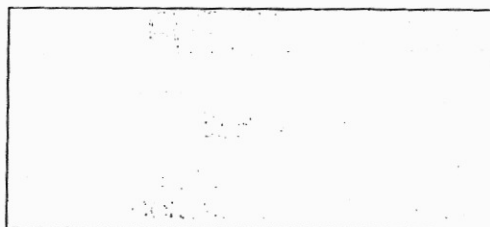


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

**APPLICATION FOR LIQUOR LICENSE  
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov



**FEE \$100.00**

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER New number to be assigned - previously CK 22180

NAME OF LICENSEE Nebraska State Fair Board

TRADE NAME Nebraska State Fair Park

PREMISE ADDRESS 1800 State Fair Park Dr.

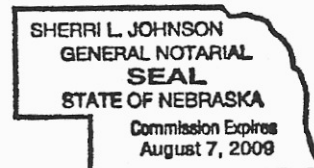
CITY/STATE/ZIP CODE Lincoln NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

Barney Cosner  
Signature of Licensee

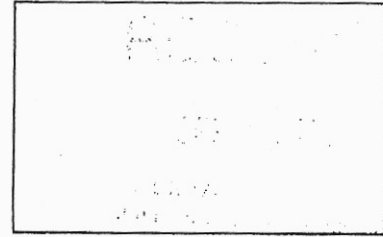
Subscribed in my presence and sworn to before me this 2nd day of September 2007

Sherri L. Johnson  
Notary Public Signature & Seal



**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.nol.org/home/NLCC](http://www.nol.org/home/NLCC)



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Nebraska State Fair Board

Corporate Street Address: 1800 State Fair Park Dr.

City: Lincoln State: NE Zip Code: 68508

Corporate Telephone Number 402-473-4110

Total number of shares issued (if corporation) N/A

Is this a Non Profit Corporation? ☒ YES ☐ NO  
If yes, what is your Federal ID #? 47-0385981

Name of Registered Agent N/A

Name of Proposed Manager Barney Cosner  
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: See officers on next page First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Fitzgerald First Name Gerald  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title Chairperson Number of Shares N/A  
Spouse Name (indicate N/A if single) Jeannette Fitzgerald  
Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title N/A Number of Shares N/A

Last Name Allan First Name Tamas  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title Vice Chairperson Number of Shares N/A  
Spouse Name (indicate N/A if single) Kathleen Allan  
Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title N/A Number of Shares N/A

Last Name Andrews First Name Joe  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title Secretary Number of Shares N/A  
Spouse Name (indicate N/A if single) Wilma Andrews  
Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Title N/A Number of Shares N/A

Last Name Atkins First Name Sallie

Social Security Number      Date of Birth     

Title Treasurer Number of Shares N/A

Spouse Name (indicate N/A if single) Alan Atkins

Spouse Social Security Number      Date of Birth     

Title N/A Number of Shares N/A

Last Name      First Name     

Social Security Number      Date of Birth     

Title      Number of Shares     

Spouse Name (indicate N/A if single)     

Spouse Social Security Number      Date of Birth     

Title      Number of Shares     

Last Name      First Name     

Social Security Number      Date of Birth     

Title      Number of Shares     

Spouse Name (indicate N/A if single)     

Spouse Social Security Number      Date of Birth     

Title      Number of Shares

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

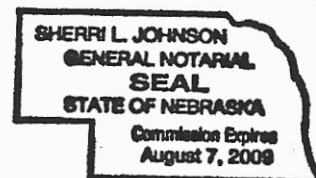
If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date January 1 Ending Date December 31

Barney Cosner  
Signature of ~~President~~ Managing Member

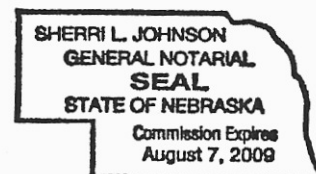
Sherri L. Johnson  
Notary Public Signature & Seal



Subscribed in my presence and sworn to before me this

2<sup>nd</sup> day of September, 2007

Sherri L. Johnson  
Notary Public Signature & Seal

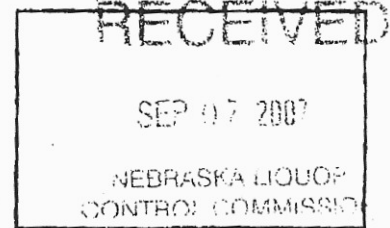


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.



**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.nsl.org/home/NLCC/](http://www.nsl.org/home/NLCC/)



**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION Nebraska State Fair Board  
CLASS & LICENSE NUMBER Previously CK 22180  
TRADE NAME Nebraska State Fair Park  
STREET ADDRESS 1800 State Fair Park Dr. CITY Lincoln

↓  NEBRASKA STATE FAIR BOARD PRESIDENT

**SIGNATURE OF CORPORATION PRESIDENT**

**APPLICANT INFORMATION**

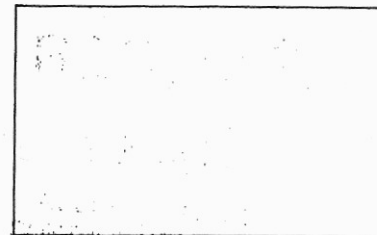
NAME Barney L. Cosner  
ADDRESS 405 Graham Park Dr ; P.O. Box 313  
CITY Seward STATE NE ZIP CODE 68434  
HOME PHONE NUMBER 307-359-3014 (cell) BUSINESS PHONE NUMBER 402-473-4110  
SEX ☒ MALE ☐ FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**SPOUSE INFORMATION**

SPOUSE NAME Patrice M. Cosner  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.nol.org/home/NLCC/](http://www.nol.org/home/NLCC/)



**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION Nebraska State Fair Board  
CLASS & LICENSE NUMBER Previously CK 22180  
TRADE NAME Nebraska State Fair Park  
STREET ADDRESS 1800 State Fair Park Dr. CITY Lincoln

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

**APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)**

NAME Barney L. Cosner  
ADDRESS 405 Graham Park Dr. ; P.O. Box 313  
CITY Seward STATE NE ZIP CODE 68434  
HOME PHONE NUMBER 307-359-3014 (cell) BUSINESS PHONE NUMBER 402-473-4110  
SEX ☒ MALE ☐ FEMALE SOCIAL SECURITY NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH E.  
DRIVERS LICENSE NUMBER & STATE 1

**SPOUSE INFORMATION**

SPOUSE NAME Patrice M. Cosner  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Barney Cosner, Fall, 1971; shoplifting in Laramie, WY.

**2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.**

☒ YES ☐ NO Nebraska State Fair

**3. Have you or your spouse ever made a compromise settlement for violation of such laws?**

☐ YES ☒ NO

**4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)**

☒ YES ☐ NO

**5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?**

☒ YES ☐ NO Filed with Form 3B, January 2007

**RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
Seward, NE	2006 Present	Seward, NE	2006 Present
Douglas, WY	1998 2006	Douglas, WY	1998 2006
Fort Collins, CO	1996 1998	Fort Collins, CO	1996 1998
Rockwall, TX	1989 1996	Rockwall, TX	1989 1996

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

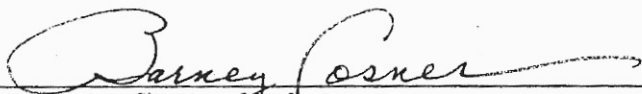
MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
/2006 Present	Nebraska State Fair Board	Jerry Fitzgerald	402-473-4110
8/1998 11/2006	Wyoming Dept. of Agriculture	James Schwartz	307-777-7321

**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

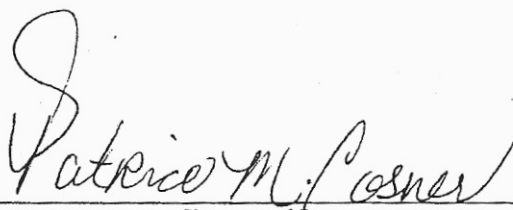
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

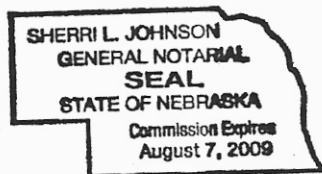
  
Signature of Applicant

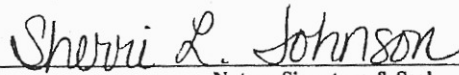
Subscribed in my presence and sworn to before me this 2<sup>nd</sup>  
day of September, 2007.

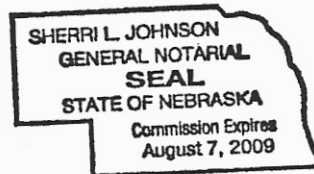
  
Signature of Spouse

Subscribed in my presence and sworn to before me this 2<sup>nd</sup>  
day of September, 2007.

  
Notary Signature & Seal



  
Notary Signature & Seal



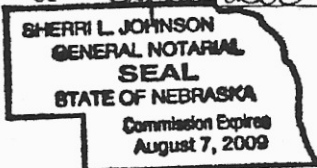
**NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

*Patricia M Cosner*

Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 2<sup>nd</sup> day  
of September, 2007.

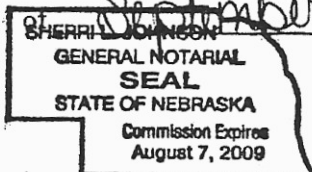


*Sherril L. Johnson*  
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

*Barney Cosner*, Barney Cosner  
\*Signature of applying individual      Print name of applying individual  
(spouse of individual listed above)

SUBSCRIBED in my presence and sworn to before me this 2<sup>nd</sup> day  
of September, 2007.



*Sherril L. Johnson*  
Signature of Notary Public

\*spouse of individual listed above is the individual required to sign bottom portion of affidavit

FORM 35-4178  
REV 9/05

in my presence and sworn to before me this 2<sup>nd</sup>

day